

## **Cuddling of babies born extremely preterm before admission to the Neonatal Intensive Care Unit**

Delivery of a baby before 37 weeks' gestation is known as premature birth. Some babies may be born more than 12 weeks early – at 27 weeks' gestation or even less. This is commonly termed 'extremely preterm'.

Babies born extremely preterm are at high risk of death or significant long-term health problems and disabilities. In order to survive, these babies need long spells of intensive care under specialist doctor and nurse care. The emotional, physical and psychological strains on their parents are immense.



Fig. 1. Photo of delivery room cuddle between mother and baby born extremely preterm.

Traditionally, doctors and nurses have sought to admit babies born extremely preterm to the Neonatal Intensive Care Unit (NICU) as soon as possible after birth. Many vital early medical

procedures are needed to support such premature babies. As a consequence, babies have been rapidly separated from their parents, with no initial physical contact, and sometimes without parents even getting to see them first.

The ongoing needs of intensive care, including the incubator, breathing support machines, and lines for monitoring and delivering medications, create barriers which often prevent any early contact between parents and baby - even in the NICU. Many weeks may pass before parents first get to hold their infant. Tragically for some, the first cuddle may only be when their baby is dying and some parents may never get to hold their baby alive.

This paper explores the practical and important safety experiences of a NICU which facilitates early cuddles after birth between extremely preterm born babies and their parents. The cuddle occurs in the same room in which the baby is born, and critically takes place before separation of the baby to the NICU. Doctors and nurses at the centre ensure that the baby is stable for a cuddle before bringing the baby back to the mother. Intensive care is continued during the cuddle and the baby is closely monitored throughout (See Figures 1 and 2. See [Video](#), providing a powerful real life example of the value of this practice).

The paper reports a review of the practice in babies born extremely preterm at the centre: no differences were seen in time to NICU admission, body temperatures on admission, or survival rates when comparing babies who received the cuddle with similar babies who did not receive a cuddle.

Mothers who experienced this early cuddle highly valued the experience – on average they rated the importance of that first cuddle of their baby in the delivery room as 10/10, and also rated the importance of offering other mothers an initial cuddle as 10/10. The paper includes positive feedback comments from many mothers who experienced a cuddle. Some reported how it helped their early breastfeeding.

This paper highlights the key safety considerations for supporting the delivery room cuddle. It is critical that a baby is stable for their cuddle, has continuous monitoring underway, and that the baby's breathing is appropriately supported and temperature maintained. Other hospitals looking to implement this important family-centred delivery-room practice should first undertake rigorous training of their doctor and nursing teams; simulated practice runs can help.

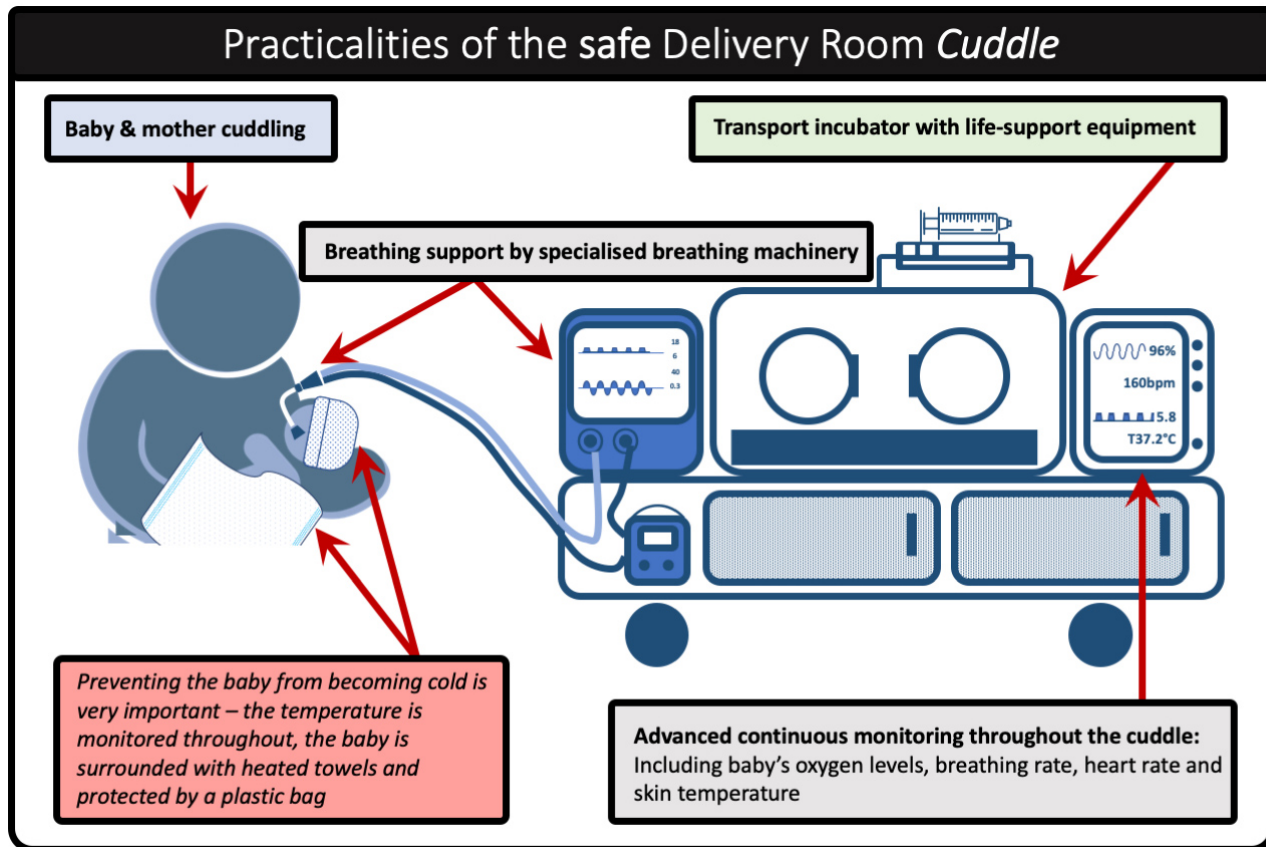


Fig. 2. Schematic illustration of equipment typically used during delivery room cuddles.

This is the first paper to describe the concept, rationale and practice of the delivery room cuddle for babies born extremely preterm. Limitations of the paper include that the analysis was based on looking back at past events (retrospective) in a relatively small group of babies. The paper concludes that as more safety data emerge for the practice, the first hours of intensive care of extremely preterm babies may instead be spent at the maternal bosom, their natural incubator.

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## Publication

[Delivery room cuddles for extremely preterm babies and parents: concept, practice, safety, parental feedback](#)

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